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10/820,385

04/07/2004

Tae-Joon Kwon

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EXAMINER

SQUIRES, ELIZA A

ART UNIT

PAPER NUMBER

3626

NOTIFICATION DATE

DELIVERY MODE

03/18/2009

ELECTRONIC

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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<b>Office Action Summary</b>	<b>Application No.</b> 10/820,385	<b>Applicant(s)</b> KWON, TAE-JOON	
	<b>Examiner</b> Eliza Squires	<b>Art Unit</b> 3626	

**-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --**

**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 15 January 2009.
- 2a) ☒ This action is **FINAL**.                      2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 1-15 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-15 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 15 January 2009 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☒ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☒ All    b) ☐ Some \*    c) ☐ None of:
1. ☒ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- |  |   |
|--|---|
| 1) <input type="checkbox"/> Notice of References Cited (PTO-892)                     | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____                                      |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)          | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____  | 6) <input type="checkbox"/> Other: _____                          |

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### DETAILED ACTION

1. The Amendment filed 15 January 2009 has been entered. Claims 1-2, 7-8, 10 and 13-15 have been amended. Claims 1-15 are pending in the application.

#### *Priority*

2. Acknowledgment is made of applicant's claim for foreign priority under 35 U.S.C. 119(a)-(d). The certified copy has been filed in parent Application No. 10/820385, filed on 4/7/2004.

#### *Claim Rejections - 35 USC § 102*

3. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

4. **Claims 1 and 8** are rejected under 35 U.S.C. 102(b) as being anticipated by *Behram*.

5. **As to claim 1**, *Behram* discloses a medical data providing system which separates ID (identification) data, including personal information about the patient and non-ID data, including non-personal information about the patient, of a patient to provide only medical data of the patient, the system comprising:

an ID storage unit provided in a patient terminal of the patient, the ID storage unit storing the ID data of the patient (*Behram* column 7 lines 11-46, wherein a patient terminal is a card and the ID storage unit is the outside of the card);

a non-ID storage unit provided in the patient terminal, separately from the ID storage unit, the non-ID storage unit storing the non-ID data of the patient (*Behram* column 5, lines 36-59);

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a care database provided in the hospital server, the care database storing care data of the patient (column 1, lines 56-67).

a medical care code generating unit provided in a hospital server in order to generate medical care codes of the patient (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67);

storing the medical care codes in a medical care code list database provided in each of the patient terminal and the hospital server, and storing care data in a care database of the hospital server (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67).

6. **As to claim 8**, *Behram* discloses a medical data sharing method using a medical data providing system the method comprising the steps of:

(a) connecting a patient terminal to a hospital server, the patient terminal including an ID storage unit for storing ID data of a patient, including personal information about the patient (*Behram* column 7 lines 12-46 where the ID data is stored printed on the card);

(b) confirming the ID data of the patient (*Behram* column 1 lines 57-67);

(c) storing medical care codes generated from a medical care code generating unit of the hospital server in the patient terminal (*Behram* column 8 lines 20-48);

(d) giving medical care to the patient (*Behram* column 8 lines 20-48); and

(e) storing the medical care codes in a medical care code list database provided in each of the patient terminal and the hospital server, and storing care data in a care database of the hospital server (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67),

wherein the medical data providing system includes a non-ID storage unit provided in the patient terminal for storing non-ID data of the patient, including non-personal information about

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the patient, and a medical care code list database provided in the patient terminal and the hospital server for storing the medical care codes (*Behram* column 8 lines 20 lines 20-48, column 6 lines 41-53, column 7 lines 12-46, column 12 lines 9-43, and column 1 lines 57-67, Examiner notes that a medical care code is the result of the compression algorithm as described by *Behram*).

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7. **Claims 2 and 7** are rejected under 35 U.S.C. 103(a) as being unpatentable over *Behram* in view of *Koo et al.*

8. **As to claim 2**, see the discussion of claim 1, *Behram* further teaches a database containing the care codes of the patient (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67). *Behram* additionally teaches the use of de-identified information for research (column 5, lines 36-59 *Behram*), the references do not explicitly teach a research database located in the hospital server. *Koo* discloses the medical data providing system further comprising a research database provided in the hospital server, the research database storing the non-ID data of the patient (column 8, lines 61-67 and column 9, lines 1-14; column 5 lines 25-35).

It would have been obvious to one of ordinary skill in the art to include in the storage system of *Behram* the research database including non-ID data as taught by *Koo* since the claimed invention is merely a combination of old elements, and in the combination each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

9. **As to claim 7**, see the discussion of claim 2, additionally, *Behram* discloses the medical care codes stored in the medical care code list database (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67). However, *Behram* does not disclose statistical data prepared using the non-ID database.

*Koo* further discloses the medical data providing system wherein the research database stores statistical data, the statistical data comprising at least one disease data for sexes, disease

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data for ages or disease data for occupations (column 1 lines 39-59; column 8, lines 61-67 and column 9, lines 1-14).

It would have been obvious to one of ordinary skill in the art to include in the storage system of *Behram* the research database including non-ID data further transformed to statistical data as taught by *Koo* since the combination would provide centralized access to research information improving the convenience of use of the system.

Examiner further notes that this data is a recitation of non-functional descriptive material, i.e. the system does not utilize in some way the statistical data in order to perform a function. See MPEP 2106.01.

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10. **Claim 3** is rejected under 35 U.S.C. 103(a) as being unpatentable over *Behram* in view of U.S. Patent No. 7,158,979 to *Iverson et al.*

11. **As to claim 3**, see the discussion of claim 1, additionally *Behram* discloses that the care information is stored as medical care codes (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67). However, the references do not explicitly teach that there is a relational database. In the same field of endeavor, *Iverson* discloses, the medical data providing system further comprising a personal information management server which includes the ID storage unit, transaction database, and a cross-reference database that links the transaction database with the ID data (figure 3; column 4 lines 20-49; column 3, lines 28-53).

It would have been obvious to one of ordinary skill in the art at the time of the invention to modify the database system of *Behram* with the relational databases of *Iverson* since the combination would improve the protection of privacy of an individual while allowing easy access to personal information by individuals who require the information.



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12. **Claims 4 and 14-15** are rejected under 35 U.S.C. 103(a) as being unpatentable over *Behram* in view of *Wood et al.*

13. **As to claim 4**, *Behram* discloses a medical data providing method using a medical data providing system which separates ID (identification) data, including personal information about the patient, and non-ID data, including non-personal information about the patient, of a patient to provide only medical data of the patient, the system including; an ID storage unit provided in a patient terminal of the patient, the ID storage unit storing the ID data of the patient (*Behram* column 7 lines 11-46, wherein a patient terminal is a card and the ID storage unit is the outside of the card), a non-ID storage unit provided in the patient terminal separately from the ID storage unit, the non-ID storage unit storing the non-ID data of the patient (*Behram* column 5, lines 36-59); a medical care code generating unit provided in a hospital server in order to generate medical care codes of the patient, (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67) a care database provided in the hospital server, the care database storing care data of the patient (column 1, lines 56-67), and a medical care code list database provided in the patient terminal and the hospital server, the medical care code list database storing the medical care codes (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67),

However the references do not explicitly teach a relationship between the patient terminal and the specific identifiable data related to insurance stored on in although *Behram* suggests that other information could be linked to the system such as insurance and billing software (*Behram* column 8, line 45-46).

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*Wood* discloses the medical data providing system wherein the patient terminal further includes an insurance database storing an insurance institution name, an insurance number and an insurance condition of a medical insurance of the patient (figure 5 (205), (295); figure 6; column 5, lines 43-67, and column 6, lines 1-65).

It would have been obvious to one of ordinary skill in the art at the time of the invention to modify the database system of *Behram* with the insurance information of *Wood* since the combination would improve a provider's ability to ascertain this information should the patient become incapacitated.

14. **As to claim 14**, *Behram* disclose the system substantially as claimed in claim 1, they do not explicitly teach an insurance processing method, although *Behram* suggests that other information could be linked to the system such as insurance and billing software (*Behram* column 8, line 45-46).

*Wood* discloses a medical data providing method comprising the steps of:

(a) notifying an insurance institution of a demand for medical insurance money based on the medical care codes and care details (column 7, lines 26-43; column 8, lines 54-65);

(b) determining the insurance money in the insurance institution, and providing the payment to the hospital to pay off a medical expense (column 6, lines 56-67);

(c) notifying the personal information management server of the medical care codes and the insurance money details based on at least one of the medical care codes and the care data of the patient (column 9, lines 34-55); and

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(d) notifying the patient terminal of the medical care codes and the insurance money details, and recording details associated with insurance in the insurance database of the patient terminal (column 9, lines 34-55; column 5, lines 43-67; column 6, lines 1-65).

It would have been obvious to one of ordinary skill in the art at the time of the invention to modify the database system of *Behram* with the insurance processing system of *Wood* since the combination would improve patient privacy and swift processing of insurance claims.

15. **As to claim 15**, see the discussion of claim 1 and 14, additionally, *Wood* further discloses the medical data providing method further comprising a step of

(e) when the insurance money details associated with insurance to be notified are generated in an institution other than the hospital, notifying the personal information management server of the ID data and the details associated with insurance (column 7, lines 60-63; column 9 lines 13-55).

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16. **Claim 5** is rejected under 35 U.S.C. 103(a) as being unpatentable over *Behram* in view of *Wood* in further view of *Iverson*.

17. **As to claim 5**, while *Behram* discloses the system substantially as claimed in claim 1, they do not explicitly teach a relationship between the patient terminal and the specific identifiable data stored on in. *Wood* discloses the medical data providing system wherein the ID storage unit stores personal information including a name, an address, a resident registration number, and an insurance number of the patient (figure 5 (210), (212); figure 6; column 5, lines 43-67, and column 6, lines 1-65).

It would have been obvious to one of ordinary skill in the art to include in the storage system of *Behram* the various forms of identification data as taught by *Wood* since the combination would improve a provider's ability to ascertain this information should the patient become incapacitated.

The references also do not teach that the ID storage unit includes a birth date. *Iverson* makes this disclosure. (column 1, lines 36-50). It would have been obvious to one of ordinary skill in the art to include in the storage system of *Behram* the birth date data as taught by *Iverson* since the combination would improve a provider's ability to ascertain this information should the patient become incapacitated.

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18. **Claim 6** is rejected under 35 U.S.C. 103(a) as being unpatentable over *Behram* in view of *Teshima*.

19. **As to claim 6**, see the discussion of claim 1, additionally *Behram* discloses a system that contains non-ID storage that stores non-ID data (column 5, lines 36-59). However, the references do not explicitly teach the specific components of the non-ID data. *Teshima* discloses the storage of a sex, an age and an occupation of the patient (column 8, lines 50-67).

It would have been obvious to one of ordinary skill in the art at the time of the invention to modify the database systems of *Behram* with the storage of sex, age, occupation of the patient of *Teshima* since the combination would improve the ability of practitioners to properly treat a patient should they become incapacitated and also to improve the quality of the non-ID data so that research data can be extracted including demographic data to further research its possible correlations to health risks.

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20. **Claim 9** is rejected under 35 U.S.C. 103(a) as being unpatentable over *Behram* in view of *Teshima* in further view of *Iverson* in further view of *Mita et al.*

21. **As to claim 9**, see the discussion of claim 1 and 8, additionally, *Behram* further discloses medical care codes are generated from care data and a list of generated care codes are stored *Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67).

(f) acquiring care data from the patient terminal (abstract and column 8, lines 20-49);

However, the references do not disclose that data are acquired, data is requested, notification of data to an institution, or receiving the request.

*Mita* discloses

(g) requesting data on the care data from the hospital having the generated care data (abstract and paragraph [0041]);

(h) notifying care result data to an institution having requested the data on the medical care codes via an authentication procedure in the hospital server (paragraphs [0038]-[0047]); and

(i) receiving the request of data on the medical care codes to the hospital requesting the medical care codes (paragraphs [0038]-[0047]).

It would have been obvious to one of ordinary skill in the art at the time of the invention to modify the method of *Behram*, *Teshima*, *Iverson* with *Mita* since the combination would improve sharing of data between multiple facilities requiring patient care data.

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22. **Claims 10-11** are rejected under 35 U.S.C. 103(a) as being unpatentable over *Behram* in view of *Mita* in further view of U.S. patent application 2003/0033168 to *Califano et al.*

23. **As to claim 10**, *Behram* discloses a medical data providing method using a medical data providing system which separates ID (identification) data, including personal information about the patient, and non-ID data, including non-personal information about the patient, of a patient to provide only medical data of the patient, the system including; an ID storage unit provided in a patient terminal of the patient, the ID storage unit storing the ID data of the patient (*Behram* column 7 lines 11-46, wherein a patient terminal is a card and the ID storage unit is the outside of the card), a non-ID storage unit provided in the patient terminal separately from the ID storage unit, the non-ID storage unit storing the non-ID data of the patient (*Behram* column 5, lines 36-59); a medical care code generating unit provided in a hospital server in order to generate medical care codes of the patient, (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67) a care database provided in the hospital server, the care database storing care data of the patient (column 1, lines 56-67), and a medical care code list database provided in the patient terminal and the hospital server, the medical care code list database storing the medical care codes (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67), the method comprising the steps of:

(d) storing the care data of the patient together with the medical care codes in the medical care code list database and the care database of the hospital server (column 7, lines 22-45 wherein a medical care code list database is a “master transaction database”).

However the references do not disclose requesting data, a written consent,

*Mita* discloses:

A medical data providing method using the medical data providing system the method comprising the steps of:

(a) requesting the medical data of the patient for the purpose of a medical research (abstract and paragraph [0041]);

(b) making up a written consent (paragraph [0040]);

(c) confirming the non-ID data of the patient, and giving the care data to care samples obtained in the course of care of the patient (paragraph [0044]); and

It would have been obvious to one of ordinary skill in the art at the time of the invention to modify the system of *Behram* with the request and delivery system of *Mita* since the use of codes to represent care data reduces required storage size necessary for the medical files and improves transfer time through a network.

While *Mita* discloses a written consent it does not explicitly teach it is for research purposes. *Califano* discloses making up a written consent that the patient allows his medical data to be used for the medical research (figure 12; paragraph [0039]);

It would have been obvious to one of ordinary skill in the art at the time of the invention to modify the system of *Behram* and *Mita*, with *Califano* since the use of consent forms for providing data to research is well known in the art (*Califano* [0039]) one of ordinary skill in the art would have identified the improvement of the system to include the consent form for this purpose in order to improve compliance with law.

24. **As to claim 11**, see the discussion of claim 1 and 10, additionally, *Califano* discloses the medical data providing method wherein the written consent is made up to represent that the



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medical data of the patient are used for the research for a predetermined time (paragraphs [0039]-[0043]).

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25. **Claim 12** is rejected under 35 U.S.C. 103(a) as being unpatentable over *Behram* in view of *Mita* in further view *Califano* in further view of *Iverson*.

26. **As to claim 12**, see the discussions of claims 1 and 10, additionally *Behram* discloses that the care information is stored as medical care codes (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67). However, the reference does not explicitly teach a personal information management server. In the same field of endeavor, *Iverson* discloses, notifying the personal information management server of the medical care codes (figure 3; column 4 lines 20-49; column 3, lines 28-53).

It would have been obvious to one of ordinary skill in the art at the time of the invention to modify the database system of *Behram*, *Mita*, *Califano* with the relational databases of *Iverson* since the combination would improve the protection of privacy of an individual while allowing easy access to personal information by individuals who require the information.

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27. **Claim 13** is rejected under 35 U.S.C. 103(a) as being unpatentable over *Behram* in view of *Eberhardt*.

28. **As to claim 13**, *Behram* discloses a medical data providing method using a medical data providing system which separates ID (identification) data, including personal information about the patient, and non-ID data, including non-personal information about the patient, of a patient to provide only medical data of the patient, the system including; an ID storage unit provided in a patient terminal of the patient, the ID storage unit storing the ID data of the patient (*Behram* column 7 lines 11-46, wherein a patient terminal is a card and the ID storage unit is the outside of the card), a non-ID storage unit provided in the patient terminal separately from the ID storage unit, the non-ID storage unit storing the non-ID data of the patient (*Behram* column 5, lines 36-59); a medical care code generating unit provided in a hospital server in order to generate medical care codes of the patient, (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67) a care database provided in the hospital server, the care database storing care data of the patient (column 1, lines 56-67), and a medical care code list database provided in the patient terminal and the hospital server, the medical care code list database storing the medical care codes (*Behram* column 8 lines 20-48, column 12 lines 9-43 and column 1 lines 57-67),

29. However *Behram* does not disclose the event that a patient does not have his terminal. *Eberhart* discloses a medical data providing method using the medical data providing system according the method comprising the steps of:

(a) the patient visiting an emergency room without his patient terminal (column 8, lines 12-25; column 2 lines 45-51);

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(b) acquiring the personal information from the patient, generating the medical care codes, and then giving medical care to the patient in the hospital (column 3, lines 55-67 and column 4, lines 1-22; column 1, lines 25-38; wherein medical care codes are encrypted medical data);

(c) storing the medical care codes and the care data of the patient in the medical care code list database and the care database of the hospital server (column 8, lines 7-25; column 3, lines 55-67 wherein medical care codes are encrypted medical data)

(d) connecting the patient terminal to the hospital server (column 8, lines 7-25); and

(e) confirming the ID data of the patient, storing the medical care codes of the patient in the patient terminal, and then disconnecting the patient terminal from the hospital server (column 8, lines 7-25; column 3, lines 55-67 wherein medical care codes are encrypted medical data).

***Response to Arguments***

30. Applicant's arguments filed 1/15/09 have been fully considered but they are not persuasive.
31. The objections to the claims have been withdrawn in light of Applicant's amendment to claims 2 and 8, 10, 13, and 14.
32. The rejections under 35 USC 112 second paragraph for claims 1-15 have been withdrawn in light of Applicant's amendment to the claims.
33. As to the rejections under 35 USC 103,
34. Applicant argues on page 13 of the remarks that *Behram* "does not disclose, teach or suggest: a non-ID storage unit provided in the patient terminal separately from the ID storage unit, the non-ID storage unit storing the non-ID data of the patient.
35. Given the broadest reasonable interpretation of this claim, an ID storage unit, is the place where the identifying information of a patient is stored. Similarly, a non-ID storage unit is the place where the de-identified information of a patient is stored. In the case of *Behram*, this identifying information (a patient's name, password) is stored separately on the card in a human readable format printed on the card (*Behram* column 7 lines 11-46). *Behram* stores non-identifying data in a separate, machine readable format on the card (*Behram* column 12 lines 9-32). Both forms of data are stored on the card in separate formats, the reference therefore meets the claim limitation.

The rejections are maintained.

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***Conclusion***

36. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Eliza Squires whose telephone number is (571)270-7052. The examiner can normally be reached on Monday through Friday 8 am - 4 pm Eastern Standard Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Christopher Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/E. S./

Examiner, Art Unit 3626

3/5/09

/C. Luke Gilligan/

Supervisory Patent Examiner, Art Unit 3626